#### HEALTH MAINTENANCE ORGANIZATIONS

| COMPANY NAME:                                   | NAIC Company Code:                |
|---|-----------------------------------|
| Contact:  | Telephone:                        |
| REQUIRED FILINGS IN THE STATE OF: MASSACHUSETTS | Filings Made During the Year 2008 |

| Check- L | (2)<br>Line | (3)  |       | (4)<br>NUMBER OF COPIES* |         |                           | (6)<br>FORM | (7)<br>APPLICABLE |
|----------|-------------|--|-------|--------------------------|---------|---------------------------|-------------|-------------------|
|          | #           | REQUIRED FILINGS FOR THE ABOVE STATE                       | Dom   | estic                    | Foreign | DUE DATE                  | SOURCE**    | NOTES             |
|          |             |  | State | NAIC                     | State   |                           |             |                   |
|          |             | I. NAIC FINANCIAL STATEMENTS                               |       |                          |         |                           |             |                   |
|          | 1           | Annual Statement (8 ½"X14")                                | 3     | EO                       | 3       | 3/3                       | NAIC        |                   |
|          | 1.1         | Printed Investment Schedule detail (Pages E01-E25)         | 3     | EO                       | 3       | 3/3                       | NAIC        |                   |
|          | 2           | Quarterly Financial Statement (8 1/2" x 14")               | 3     | ЕО                       | 3       | 5/15, 8/15,<br>11/17      | NAIC        |                   |
|          |             | II. NAIC SUPPLEMENTS                                       |       |                          |         |                           |             |                   |
|          | 10          | Accident & Health Policy Experience Exhibit                | 3     | EO                       | 1       | 4/1                       | NAIC        |                   |
|          | 11          | Actuarial Opinion  | 3     | EO                       | 1       | 3/3                       | Company     |                   |
|          | 12          | Investment Risk Interrogatories                            | 3     | EO                       | 1       | 4/1                       | NAIC        |                   |
|          | 13          | Life Supplemental Data due March 1                         | 3     | EO                       | 1       | 3/3                       | NAIC        |                   |
|          | 14          | Life Supplemental Data due April 1                         | 3     | EO                       | 1       | 4/1                       | NAIC        |                   |
|          | 15          | Long-term Care Experience Reporting Forms                  | 3     | EO                       | 1       | 4/1                       | NAIC        |                   |
|          | 16          | Management Discussion & Analysis                           | 3     | EO                       | 1       | 4/1                       | Company     |                   |
|          | 17          | Medicare Supplement Insurance Experience Exhibit           | 3     | EO                       | 1       | 3/3                       | NAIC        |                   |
|          | 18          | Medicare Part D Coverage Supplement                        | 3     | EO                       | 1       | 3/3, 5/15,<br>8/15, 11/17 | NAIC        |                   |
|          | 19          | Property/Casualty Supplement due March 1                   | 3     | EO                       | 1       | 3/3                       | NAIC        |                   |
|          | 20          | Property/Casualty Supplement due April 1                   | 3     | EO                       | 1       | 4/1                       | NAIC        |                   |
|          | 21          | Risk-Based Capital Report                                  | 2     | EO                       | 1       | 3/3                       | NAIC        |                   |
|          | 22          | Schedule SIS   | 3     | N/A                      | N/A     | 3/3                       | NAIC        |                   |
|          | 23          | Supplemental Compensation Exhibit                          | 3     | N/A                      | N/A     | 3/3                       | NAIC        | See Note 1        |
|          |             | III. ELECTRONIC FILING REQUIREMENTS                        |       |                          |         |                           |             |                   |
|          | 40          | Annual Statement Electronic Filing                         | xxx   | 1                        | xxx     | 3/1                       | NAIC        |                   |
|          | 41          | March .PDF Filing  | xxx   | 1                        | XXX     | 3/1                       | NAIC        |                   |
|          | 42          | Risk-Based Capital Electronic Filing                       | XXX   | 1                        | N/A     | 3/1                       | NAIC        |                   |
|          | 43          | Supplemental Electronic Filing                             | xxx   | 1                        | xxx     | 4/1                       | NAIC        |                   |
|          | 44          | Supplemental .PDF Filing                                   | XXX   | 1                        | XXX     | 4/1                       | NAIC        |                   |
|          | 45          | June .PDF Filing   | XXX   | 1                        | XXX     | 6/1                       | NAIC        |                   |
|          | 46          | Quarterly Electronic Filing                                | XXX   | 1                        | xxx     | 5/15, 8/15,<br>11/15      | NAIC        |                   |
|          | 47          | Quarterly PDF Filing                                       | XXX   | 1                        | xxx     | 5/15, 8/15,<br>11/15      | NAIC        |                   |
|          |             | IV. AUDITED FINANCIAL STATEMENTS                           |       |                          |         |                           |             |                   |
|          | 51          | Accountants Letter of Qualifications                       | 3     | N/A                      | 1       | 6/2                       | Company     |                   |
|          | 52          | Audited Financial Statements                               | 3     | EO                       | 1       | 6/2                       | Company     |                   |
|          | 53          | Audited Financial Statements Exemption Affidavit           | 3     | N/A                      | 1       | 6/2                       | Company     |                   |
|          | 54          | Independent CPA  | 3     | N/A                      | 1       | 6/2                       | Company     |                   |
|          | 55          | Notification of Adverse Financial Condition                | 3     | N/A                      | 1       | 6/2                       | Company     |                   |
|          | 56          | Report of Significant Deficiencies in Internal Controls    | 3     | N/A                      | 1       | 6/2                       | Company     |                   |
|          | 57          | Request for Exemption to File                              | 1     | N/A                      | 0       | 3/3                       | Company     |                   |
|          |             | V. STATE REQUIRED FILINGS                                  |       |                          |         |                           |             |                   |
|          | 101         | Filings Checklist (with Column 1 completed)                |       | 0                        | 1       |                           | State       |                   |
|          | 102         | State Filing Fees  |       | 0                        |         |                           | State       |                   |
|          | 103         | Signed Jurat   | XXX   | XXX                      | 0       |                           | NAIC        | See Note 8        |
|          | 104         | Claims in Suit   | 2     | 0                        | 1       | 3/3                       | Company     | See Note 4        |
|          | 105         | HMO License Renewal/Notification of Material Changes       | 2     | 0                        | 2       | 7/1                       | Company     | See Note 3        |
|          | 106         | Holding Company Registration Statement                     | 2     | 0                        | 1       | 6/30                      | Company     | See Note 7        |
|          | 107         | Managed Care Health Plan Accreditation Renewal Application | 2     | 0                        | 2       | 7/1                       | Company     | See Note 3        |

<sup>\*</sup> If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC.
\* If NA appears in this column, the filing is required with the domiciliary state.
\* If EO appears in this column, the filing is an electronic filing only.
\* If @@@ appears in the column, please refer to the 2007 Annual Statement Filings Checklist Notes.
\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

# HEALTH MAINTENANCE ORGANIZATIONS

|   | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)   |  |
|---|---|--|
| A | Required Filings Contact Person:  | Peter J. Arens<br>617-521-7392<br>Peter.Arens@state.ma.us or   |
| В | Mailing Address for Annual Statement Filings, HMO License<br>Renewal/Notification of Material Changes, and Filing Fees: | Companies.Mailbox@state.ma.us Commonwealth of Massachusetts Division of Insurance Financial Surveillance Section   |
|   |   | One South Station<br>Boston, MA 02110-2208   |
| С | Mailing Address for Managed Care Health Plan Accreditation Renewal Applications:  | Commonwealth of Massachusetts Division of Insurance Bureau of Managed Care One South Station Boston, MA 02110-2208   |
| D | Mailing Address for Premium Tax Payments:   | DOSION, WAY 02110-2200   |
| Е | Delivery Instructions:  | Massachusetts General Laws, Chapter 176G, Section 10 requires that the Annual Statement be <b>received on or before March 3, 2008</b> . All schedules due on that date must be securely attached to the appropriate pages or bound separately.   |
| F | Late Filings:   | Massachusetts General Laws, Chapter 176O, Section 8 states that "a carrier neglecting to make and file its Annual Statement or the materials required by the Commissioner to be filed with the Division under this Chapter or under Chapter 176G in the form and within the time required thereby shall be fined \$5,000 for each day during which such neglect continues after being notified by said Commissioner of such neglect, and, after notice and a hearing by the Commissioner to that effect, its authority to do new business shall cease while such neglect continues." |
| G | Original Signatures:  | Original notarized signatures of at least two principal officers of the company.   |
| Н | Signature/Notarization/Certification:   | Annual Statements must be subscribed and sworn before a notary by at least two principal officers of the company.  |
| I | Amended Filings:  |  |
| J | Exceptions from normal filings:   |  |
| K | Bar Codes (State or NAIC):  | Please follow the instructions in the NAIC Annual Statement Instructions.  |
| L | Signed Jurat:   | Not applicable, as Massachusetts requires all health maintenance organizations to file printed annual statements, quarterly statements, and supplements.   |
| M | NONE Filings:   | Please follow the instructions in the NAIC Annual Statement Instructions.  |
| N | Filings new, discontinued or modified materially since last year:   |  |

# General Instructions For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will

not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not

required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investments schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The March .PDF Filing is .pdf files for annual statement data, detail for investment schedules and supplements due March 1.

The Separate Accounts Electronic Filing includes the separate accounts annual statement and investment schedule detail.

The Separate Accounts .PDF Filing is the .pdf file for the separate accounts annual statement and investment schedule detail.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The *Supplemental .PDF Filing* is the .pdf file for all supplements due April 1.

The Quarterly Electronic Filing includes the quarterly statement data.

The *Quarterly .PDF Filing* is the .pdf for quarterly statement data.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements.

#### Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (E) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

#### Column (5) (Due Date)

Indicates the date on which the company must file the form.

### Column (6) (Form Source)

This column contains one of three words: "NAIC", "State", or "Company". If this column contains "NAIC", the company must obtain the forms from the appropriate vendor. If this column contains "State", the state will provide the forms with the filing instructions (generally, on its website). If this column contains "Company", the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

## Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.